

AN NTTAP LEARNING COLLABORATIVE



Medical-Legal Partnership as a Community Health Strategy to Improve Maternal Health Access & Outcomes:

Planning and Implementing the Medical-Legal Partnership Workflow

Session 2 of 4 | April 9, 2024 - 1 p.m. ET



SESSION REMINDERS

- Ensure your microphone is muted.
- Check how your name is displayed for others to see.
- If you have dialed in from your phone, unmute yourself when it is appropriate to speak.
- Please place your questions in the chat or Q&A box; we will review and answer as time permits.



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ABOUT

Health Center Excellence Academy

The Health Center Excellence Academy: Accelerated Learning by Renaye James Healthcare Advisors is the training division of Renaye James Healthcare Advisors. The academy provides training, technical assistance, and tools to implement data-driven and team-based approaches for health centers and health care teams as they work to improve the clinical quality and patient safety of their patients and the communities they serve.





Accreditations/
Recognitions/ Audits



Healthcare
Management



Diversity, Equity &
Inclusion Programs



Strategic
Planning



Behavioral Health
Programs



Healthcare Interim
Executive



Program and Project
Management



Quality and Performance
Improvement



Care Delivery



The Patient
Experience



Population Health
and Value-Based
Care



Clinical Leadership
Coaching

ABOUT RENAYE JAMES HEALTHCARE ADVISORS

Supporting Your Work

By working with your leadership, management, and frontline staff, we provide practical, consultative services to create a high-performing healthcare team for your organization.



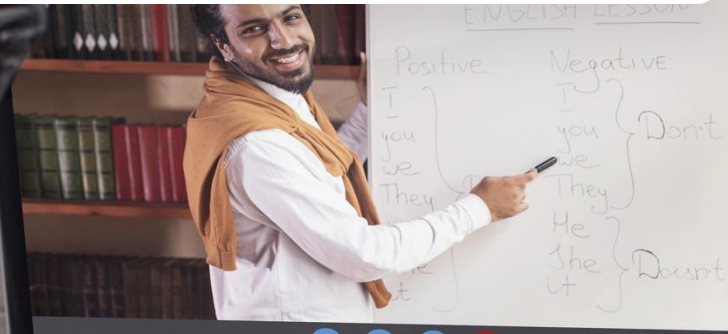
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UPCOMING TRAINING ACTIVITIES



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Plan to Attend

Advancing Health Equity

- Webinar
April 25, 2024 | Noon ET
Being a Champion for Cultural Humility:
A Guide for Health Centers – Cultural Humility
with LGBTQ Communities

Chronic Disease Management

- Webinar
April 30, 2024 | 2 p.m. ET
Diabetes Care Management: The Right Way-Part 1

Maternal Health

- Webinar
May 8, 2024
Maternal Health and Essential Community
Connections

For more information, visit
www.renayejames.com/HCEA

UPCOMING TRAINING ACTIVITIES



Happening Soon. RSVP now !

- MLP in Action Webinar Series (Part 5): Partnering with Legal Services Providers to Enhance Behavioral Healthcare Access and Outcomes - **April 10, 2024 (1-2 PM ET)**
- Health Center MLP Planning, Implementation & Practice (PIP) Webinar Series: How to Develop a Strong Memorandum of Agreement for a Medical-Legal Partnership - **April 18, 2024 (1-2.30 PM ET)**
- MLP in Action Webinar Series (Part 6): Advancing Health Equity for Patients Impacted by the Criminal Justice System - **April 30, 2024 (2-3 PM ET)**

For more information, visit
<https://medical-legalpartnership.org/learning-opportunities/>



HRSA's Black Maternal Health Week toolkit includes:

- Website banner

- Virtual meeting background

- Social media graphic cards with written messaging content

Please contact MCHBinfo@hrsa.gov if you have any questions.

Toolkit: <https://mchb.hrsa.gov/programs-impact/focus-areas/maternal-health/black-maternal-health/toolkit>

DISCLAIMER

The contents of this training are those of the presenters and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

Throughout this presentation, we may discuss sensitive topics that arise for patients, clients, and provider within this space. All participants are encouraged to tune in or tune out as needed during those discussions.





Medical-Legal partnerships integrate the unique expertise of lawyers into health care settings to help clinicians, case managers, and social workers address structural problems at the root of so many health inequities.

Founded in 2006, the National Center for Medical-Legal Partnership (NCMLP) is a project in the Department of Health Policy and Management at the Milken Institute School of Public Health at the George Washington University. Our mission is to build an integrated health care system that better addresses health-harming social needs by leveraging legal services and expertise to advance individual and population health. NCMLP spearheads education, research, and technical support, aiming to integrate legal services seamlessly into the response to social needs for all healthcare organizations across the United States.

Learn more at medical-legalpartnership.org and follow us on X (formerly Twitter) @National_MLP

MEET THE PRESENTERS



Rachel Mandel

MD, MHA

Senior Advisor

Practice Transformation

Renaye James Healthcare Advisors

rmandel@renayejames.com



Bethany Hamilton

JD

Director of the National
Center for Medical-Legal

Partnership

NCMLP

ncmlp@gwu.edu



S. Roxana Richardson

JD

MLP Director of the
Georgetown University
Health Justice Alliance's
Perinatal Legal Assistance and
Wellbeing (LAW) Project
MWHC

Roxana.Richardson@georgetown.edu



Loral Patchen

PhD, MSN, MA, CNM

Medical Champion for the
Perinatal LAW Project and
Associate Chair of Obstetrics and
Gynecology, Medical Director of
the MedStar OB/GYN Specialty
Center, and Section Director for
Midwifery
MWHC
Loral.Patchen@medstar.net

COURSE INTRODUCTION



Welcome to **Medical-Legal Partnership as a Community Health Strategy to Improve Maternal Health Access and Outcomes: Planning and Implementing the Medical-Legal Partnership Workflow**

This training is for health center and legal services staff who work with maternal health clients and patients who require resources and navigation assistance.

It will take approximately 90 minutes to complete.



Things to Think About for Today

- Read the article: Patchen, L., Richardson, R., McCullers, A., & Girard, V. (2023). Integrating Lawyers Into Perinatal Care Teams to Address Unmet, Health-Harming Legal Needs. *Obstetrics & Gynecology*, 142(6), 1310. <https://doi.org/10.1097/AOG.00000000000005417>
- Be ready to discuss the following questions:
 - What social driver data is available to you for your maternal health patients?
 - What is your process to engage community-based organizations?



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Health Center Adoption of the Medical-Legal Partnership Approach



Recognizing MLP as an Intervention for Health Center Patients

- There are approximately **1,400** health centers across the US operating at over **15,000** sites
- Health centers provide community-based, patient-directed, comprehensive, and high-quality primary care and preventive services
- Health centers also provide enabling services that facilitate access to care:
- Since 2014, enabling services have include “civil legal aid services” as an example of eligibility assistance and additional enabling/supportive services.
- In 2022, health centers served over **31.5** million patients including:



Sources: See [HRSA's Service Descriptors for Form 5A: Services](#); NACHC's [America's Health Centers: 2023 Snapshot](#) (August 2022)



Findings from NCMLP's Environmental Scan of Medical-Legal Partnerships in Health Centers

- There are approximately
 - **150 to 200 MLPs operating in health centers**
 - An additional **100 to 150 in the planning stages**
- MLPs in health centers are in at least 27 states across the country including DC and US territories



Read more, here: NCMLP Report [“Environmental Scan of Medical-Legal Partnerships in Health Centers”](#)



How Health Centers Address their Patient's Health-Related Legal Needs

- A majority of health centers that responded to the environmental scan reported screening for legal needs (72%) and referring patients to civil legal aid (63%)
- Health centers with an MLP were **more likely** to offer screening and referral services

Most health centers address their patient's health-related legal needs through screening and referrals

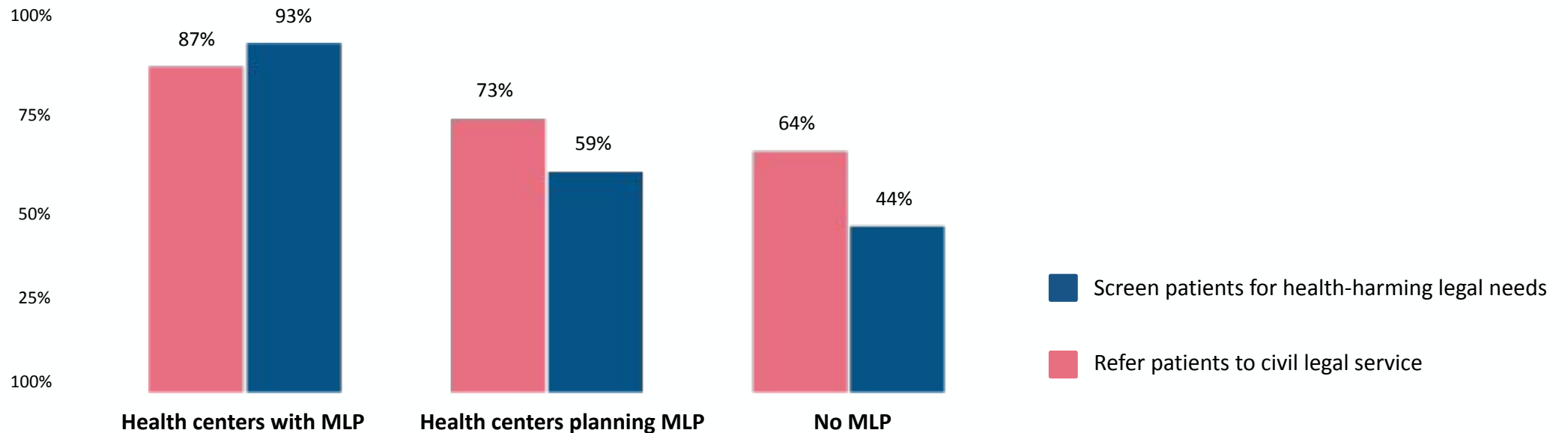
Health centers that screen patients for potential health-harming legal needs	72%
Health centers that refer patients with health-harming legal needs to civil legal services	63%

Read more, here: NCMLP Report [“Environmental Scan of Medical-Legal Partnerships in Health Centers”](#)



How Health Centers Address their Patient's Health-Related Legal Needs (continued)

Most common legal issues addressed by MLPs in health centers



POLL QUESTION #1

What best describes your MLP?

- Established MLP
- Developing MLP
- Other
- Not applicable



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The Perinatal Legal Assistance & Well-being Project (P-LAW)





MLPs can improve the health and wellbeing of pregnant people, new parents, & their babies



The Perinatal Legal Assistance & Wellbeing Project (P-LAW) is one of the only perinatal-specific MLPs in the country. P-LAW screens, refers and responds to health harming legal needs experienced by pregnant and postpartum patients.

Collaborators & Supporters:





Perinatal Legal Assistance & Wellbeing (LAW) Project

- **HJA partnership with MedStar Washington Hospital Center's Women's & Infants' Services (WIS).**
 - Conducted needs assessment in 2020
 - Launched services in 2021
- **2 Full-time lawyers & Paralegal work with WIS to:**
 - Train healthcare teams to identify & refer patients with unmet legal needs
 - Provide legal services to pregnant & postpartum patients
 - Build provider & patient capacity to advocate
- **Evaluating impact on patients, providers, and the health system to contribute to the MLP evidence base.**





MLP intervention during prenatal period has the potential to improve health outcomes



Housing insecurity during pregnancy associated with **increased risk of low birth weight and/or preterm birth and extended hospitalization** ¹



Food insecurity/material hardship is associated **with perinatal depression and anxiety** ²



Low birth weight and preterm births **are increased among women exposed to domestic violence** ³



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Step 1: Medical Champion & Legal Service Provider

- Find your partner!
- Define the **goals and scope** of the partnership, outlining specific areas unique to both medical and legal professionals (who they are, what they practice, where they practice, etc.)





Step 2: Legal Needs Assessment

HJA supervised an interdisciplinary team of 2 law and public health graduate (JD/MPH) students and a medical student, who sent a mixed methods needs assessment to providers and staff to identify the types and prevalence of health-harming legal needs facing SBSM WIS-SC patients.





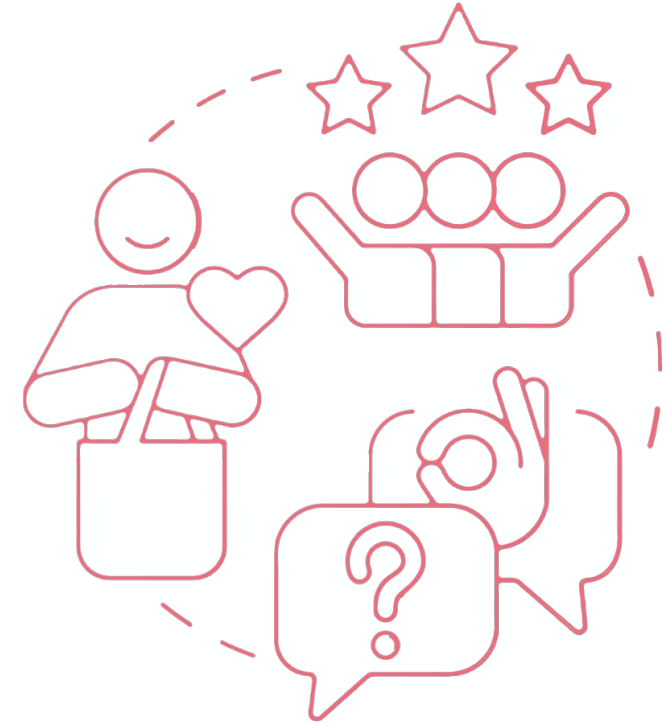
Legal Needs of WIS Perinatal Patients Based on Fall 2020 Needs Assessment





Step 3: Refining Legal Issue Areas

- Identify **priority issues** where joint intervention can make a significant impact on patient outcomes.
 - **P-LAW focused** on employment issues.
 - **The Result?**
 - Success stories/Tangible results came quickly
 - Avoided overwhelming medical and legal team
 - Generated health-care buy-in





Step 4: Training & Buy In

- Through training videos & materials, workshops, grand rounds, and retreats, **both medical and legal partners** familiarized themselves with each other's expertise, roles, and constraints.
- As the WIS team began **to see successful patient outcomes**, their eagerness to screen and identify additional unmet legal needs increased.



POLL QUESTION #2

How often are you screening your patients?

- 1) Every patient, at every visit.
- 2) Regularly, but not at every visit.
- 3) Occasionally, when specific concerns arise.
- 4) Rarely or never.



Let's unmute or add your thoughts to the chat.



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POLL QUESTION #3

Which option best reflects your approach to screenings?

- 1) Through a health screening questionnaires or other assessment tool(s).
- 2) Through open-ended discussions with patients.
- 3) Through a combination of questionnaires, tools and discussions.
- 4) Screenings are not routinely conducted in my practice.



Let's unmute or add your thoughts to the chat.



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Step 5: Screening & Referral System

- Patients are screened at **3 different times**:
 - Initial prenatal visit
 - 28-week appointment
 - Post-partum appointment
- Patients who screen positive are **contacted** by a WIS referral specialist
- Patients interested in being **connected** to P-LAW receive a referral and are contacted by a member of our team



Legal Needs Screening Tool for WIS Referrals Specialist -- Health Justice Alliance Perinatal LAW Project

For all referrals to P-LAW, please confirm the following: patient has a legal issue or concern; consents to be contacted by P-LAW; and understands an intake needs to be completed in order to receive legal services.

*Try to include issue-relevant dates for all the referrals.

*If you receive any referrals that do not fall under the requirements in this chart or are unsure if a patient's issue(s) requires legal assistance, please reach out to the P-LAW team (plaw@georgetown.edu) before referring.

WIS SCREENING QUESTION	ADDITIONAL QUESTIONS TO ASK PATIENTS & INCLUDE IN REFERRAL TO LEGAL TEAM	REFER TO HJA IF ...
Are you worried or concerned that in the next two months you may not have stable housing in the place that you own, rent, or stay in as a part of a household?	<ul style="list-style-type: none"> Is the patient currently behind on rent? Has the patient received a nonpayment of rent notice or an eviction notice? 	<p>Patient is <u>currently</u> behind on rent or has received a nonpayment of rent notice or eviction notice.</p> <p>*If patient is only looking for help finding new housing, a legal referral is not appropriate.</p>
<p>Think about the place you live. Do you have problems with any of the following?</p> <p>(Check all that apply)</p> <p><input type="checkbox"/> Bugs, rats, mice</p> <p><input type="checkbox"/> Bed Bugs</p> <p><input type="checkbox"/> Mold</p> <p><input type="checkbox"/> Lead paint or pipes</p> <p><input type="checkbox"/> Not enough heat</p> <p><input type="checkbox"/> Oven or stove not working</p> <p><input type="checkbox"/> Smoke alarms not working or do not have them</p> <p><input type="checkbox"/> Water leaks or other water problems</p> <p><input type="checkbox"/> None of the above</p> <p><input type="checkbox"/> Other _____</p>	<ul style="list-style-type: none"> Has the patient asked the landlord to fix the issues in their housing unit? Has the patient put the maintenance/ service request in writing? <p>*P-LAW does not need the maintenance/ service request in writing in order to receive the referral. It would help the case if the patient has a record of these requests.</p>	<p>Patient still lives in housing with these or other conditions issues.</p>
If patient mentions an accessibility issue with their apartment.	<ul style="list-style-type: none"> Has the patient asked the landlord to make the accommodations in their housing unit? Has the patient put the accommodation request in writing? 	<p>Patient still lives in housing without these accommodations in place.</p>
<p>In the past 12 months, has the electric, gas, oil, or water company threatened to shut off services in your home?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Already shut off</p>	<ul style="list-style-type: none"> Which utilities are currently off or at risk of being turned off? Has the patient received a written shut-off notice? 	<p>Patient is currently living or at risk of living in a housing unit without utility services.</p>



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<p>Have you been denied benefits (For example, health insurance, disability, unemployment, SNAP, WIC or other benefits) in the last 3 months? PLAW</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • Which benefits has the patient been denied? • Has the patient received a written denial notice? • Has the patient stopped receiving any of their benefits? • When was the patient's last contact with the agency at issue? 	<p>Patient has been told verbally or in writing that they have been denied benefits (include the month and year that they received notice of the denial).</p> <p>Patient has stopped receiving benefits or is receiving less than they used to receive (include the month and year the benefits stopped or were reduced).</p>
<p>If the patient answered "yes" to the following employment questions:</p> <p>Do you do work that you get paid for?</p> <p><input type="checkbox"/> Yes</p> <p>a. What do you do for work? _____</p> <p>b. Do you think it is too hard or unsafe to do your job while pregnant? <input type="checkbox"/> Yes</p> <p>c. Are you having trouble getting time off of work for health and/or family reasons (ex: your OB/Doctor appts, you are not feeling well, you are taking care of a sick family member, etc.)</p> <p><input type="checkbox"/> Yes</p> <p>d. Do you have concerns about being able to take leave from work after you give birth?</p> <p><input type="checkbox"/> Yes</p> <p>e. Is your pregnancy making it difficult or unsafe for you to perform all of your job duties?</p> <p><input type="checkbox"/> Yes</p> <p>f. Do you believe you are being treated unfairly at work because you are pregnant? <input type="checkbox"/> Yes</p>	<ul style="list-style-type: none"> • Has the patient been fired or treated unfairly because they are pregnant or recently gave birth? • Does the patient have concerns about being able to take leave (medical, sick, or family)? • Does the patient need any accommodations in order to do their job (extra breaks, lifting restrictions, a change in schedule, a place to pump and store breastmilk)? • Has the patient made any leave or accommodations requests to their employer? 	<p>The patient has any concerns about leave, accommodations, or discrimination.</p>



g. Do you anticipate needing any accommodations (pumping, extra breaks, etc.) or additional leave from work/school now that you've had the baby?

Yes

If a patient is experiencing interpersonal violence.

- Does the patient want assistance obtaining a temporary protective order (TPO)?

The patient is ready to pursue legal action against the offending party.

If a patient is having a child support issue.

- Does the patient live in DC?
- Is the patient currently receiving child support?
- Has the patient stopped receiving child support?
- Is the patient looking to open a new child support case?

The patient is ready to pursue legal action.



Does the patient have any other family law concerns such as: child custody, visitation, guardianships, and/or third party custody, or divorce

- What family law concerns is the patient having?
- Does the patient or the other party live in DC?
- Is there a petition currently pending or do they have an upcoming court/ hearing date?
- Has the patient spoken to or is currently represented by an attorney?

The patient is not currently represented by an attorney and is ready to pursue legal action.

*P-LAW does not handle all family law-related cases; however, the P-LAW team will refer those cases to a community legal partner.

If a patient mentions a consumer debt (bankruptcy, past due bills including car notes, credit cards, student loans,

- What consumer debt concerns does the patient have?

If the patient is receiving assistance from P-LAW for another legal need/issue.

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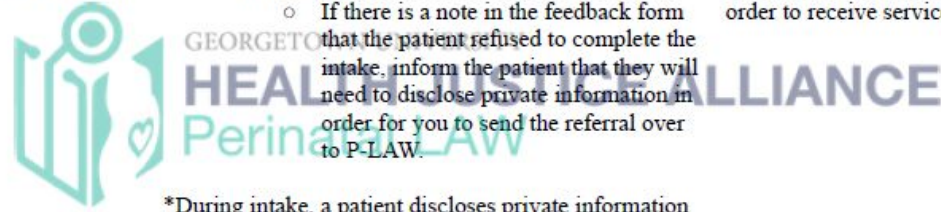


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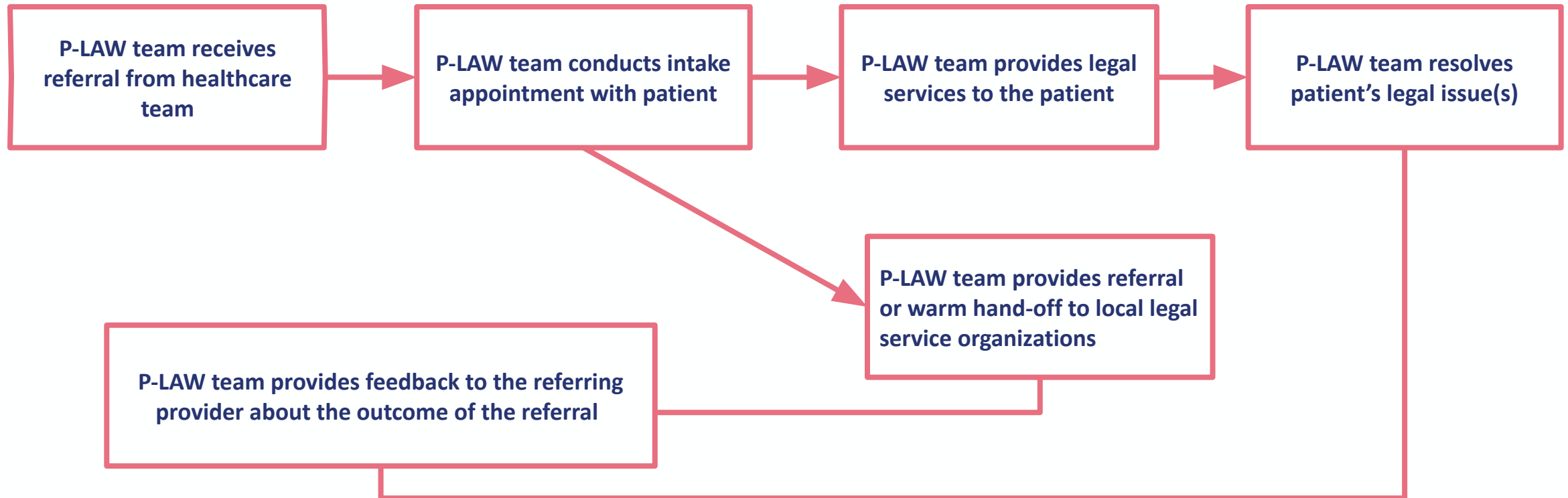


<p>medical, etc. or frequent calls from bill/debt collector) issues</p>	<ul style="list-style-type: none"> Has the patient received letters or notices from the court or creditors/collectors? 	<p>*P-LAW does not handle consumer debt; however, the P-LAW team will refer those cases to a community legal partner.</p>
PREVIOUSLY REFERRED PATIENT	ADDITIONAL QUESTIONS TO ASK PATIENTS & INCLUDE IN REFERRAL TO LEGAL TEAM	REFER TO HJA IF...
<p>If a patient mentions being previously referred to P-LAW.</p> <ol style="list-style-type: none"> Is this a repeat referral for the same legal issue? Is the patient needing to be referred for a different legal issue? 	<ul style="list-style-type: none"> When was the patient previously referred to P-LAW? Is there a referral feedback form in the patient's chart? <ul style="list-style-type: none"> If there is a note in the feedback form that the patient refused to complete the intake, inform the patient that they will need to disclose private information in order for you to send the referral over to P-LAW. <p>*During intake, a patient discloses private information including but not limited to: demographic, household, and financial information.</p>	<p>The returning patient's legal need falls within P-LAW scope.</p> <p>The patient is comfortable disclosing private information in order to receive services.</p>





P-LAW Patient Referral to Legal Services Process





Success Examples

- Reversed a decision to retroactively disqualify a single mother of two from unemployment benefits that led to an almost **\$20k overpayment/debt owed**.
- Secured the full return of a wrongfully withheld security deposit for a pregnant patient of multiples whose landlord was alleging she **owed double in apartment damages**.
- Eviction case was dismissed and removed from public records for a single mother of two and survivor of **domestic violence who was facing homelessness** due to unpaid high utility bills based on a meter-reading error and her location being revealed to her abuser.



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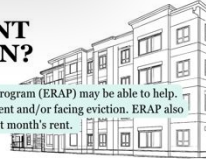
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RENT AND EVICTION



ARE YOU BEHIND ON RENT AND/OR FACING EVICTION?

If you live in DC and are experiencing a housing emergency, the DC Emergency Rental Assistance Program (ERAP) may be able to help. ERAP offers financial aid **once** within a 12-month period to eligible households that are behind on rent and/or facing eviction. ERAP also supports residents moving into new apartments with security deposits and first month's rent.



What to Do Now:

	If you haven't applied for ERAP, start gathering your documents. The ERAP application portal will reopen on January 1, April 1, and July 1, 2024 . Due to the high number of expected applications, ERAP recommends applying when the portal opens. Apply online at: erap.dhs.dc.gov . The application portal will close once 3,500 applications are received. Eligibility information, the list of required and recommended documents, and additional information can be found here: erap.dhs.dc.gov/FAQs .
	If you haven't done so already, CONTACT your landlord. Tell your landlord via text or email that you are behind on rent and that you have applied or will be applying for ERAP.
	If you applied for ERAP in the last 2 - 3 months, you do NOT need to reapply. It is taking ERAP several months to process applications. You will be contacted if additional documents are needed or if you are eligible. To check the status of your application, please log in to your ERAP portal. For questions about your application, contact the ERAP team via email at erap.program@dc.gov .
	If your ERAP application is pending AND you are facing eviction, you may be eligible for a Stay of Eviction. A Stay of Eviction is a temporary order issued by the Court that prevents your landlord from evicting you while your ERAP application is pending. To request a Stay of Eviction, you must file a motion with the DC Superior Court. An attorney may be able to assist you.

This information is current as of December 5, 2023. Please check the ERAP website for the most up-to-date information.

Gather your Documents

Required	Recommended	To Apply for First Month/Security Deposit Assistance
<ul style="list-style-type: none"> <input type="checkbox"/> Proof of residency (lease, letter from landlord). <input type="checkbox"/> Photo ID for all adults in household (DC ID card, driver's license, passport). 	<ul style="list-style-type: none"> <input type="checkbox"/> Proof of income for last 30 days (paystubs, SSI, SSDI, unemployment benefits, retirement, child support, TANF). If you have \$0 income, you would need a signed \$0 Income Statement. <input type="checkbox"/> Proof of resources or benefits (bank statement from the last 30 days for all accounts, SNAP). 	<ul style="list-style-type: none"> <input type="checkbox"/> Proof of Rental Agreement (approval notice for the new unit). <input type="checkbox"/> Documentation of need for assistance (homelessness verification, notice of eviction, voucher for new unit).
<i>*Additional documents may be requested.*</i>		<i>*Additional documents may be requested.*</i>

If you are behind on rent, facing possible eviction, or have been denied ERAP, reach out to your WIS provider for a referral to P-LAW if you would like to speak to an attorney.

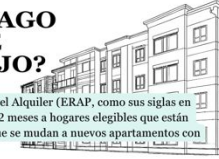


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¿ESTÁ ATRASADA EN EL PAGO DEL ALQUILER Y/O SE ENFRENTA A UN DESALOJO?

Si vive en DC y tiene una emergencia de vivienda, el Programa de Asistencia de Emergencia para el Alquiler (ERAP, como sus siglas en inglés) de DC puede ayudarla. ERAP ofrece ayuda financiera **una vez** dentro de un período de 12 meses a hogares elegibles que están atrasados en el pago del alquiler y/o enfrentan el desalojo. ERAP también apoya a los residentes que se mudan a nuevos apartamentos con depósitos de seguridad y el primer mes de alquiler.



Qué Hacer Ahora:

	Si no ha solicitado ERAP, comience a reunir sus documentos. El portal de solicitudes de ERAP se reabrirá el 1 de enero, 1 de abril y 1 de julio de 2024 . Debido a la gran cantidad de solicitudes esperadas, ERAP recomienda presentar la solicitud cuando se abra el portal. Solicite en línea en: erap.dhs.dc.gov/ . El portal de solicitudes se cerrará una vez que se reciban 3,500 solicitudes. La información de elegibilidad, la lista de documentos requeridos y recomendados e información adicional se pueden encontrar aquí: erap.dhs.dc.gov/FAQs .
	Si aún no lo ha hecho, CONTACTE a su arrendador. Dígame a su arrendador por mensaje de texto o correo electrónico que está atrasado en el pago del alquiler y que ha solicitado o solicitará ERAP.
	Si solicitó ERAP en los últimos 2 a 3 meses, NO necesita volver a solicitarlo. ERAP está tardando varios meses en procesar las solicitudes. Se pondrán en contacto con usted si se necesitan documentos adicionales o si es elegible. Para verificar el estado de su solicitud, inicie sesión en su portal ERAP. Si tiene preguntas sobre su solicitud, comuníquese con el equipo de ERAP por correo electrónico a erap.program@dc.gov .
	Si su solicitud de ERAP está pendiente Y se enfrenta a un desalojo, puede ser elegible para una Suspensión del Desalojo. Una suspensión del desalojo es una orden temporal emitida por el tribunal que impide que el propietario lo desaloje mientras su solicitud de ERAP está pendiente. Para solicitar una Suspensión del Desalojo, debe presentar una moción ante el Tribunal Superior de DC. Es posible que un abogado pueda ayudarle.

Esta información está actualizada al 5 de diciembre de 2023. Consulte el sitio web de ERAP para obtener la información más actualizada.

Reúna sus Documentos

Requerido	Recomendado	Para solicitar asistencia para el primer mes/dépósito de seguridad
<ul style="list-style-type: none"> <input type="checkbox"/> Prueba de residencia (contrato de arrendamiento, carta del propietario). <input type="checkbox"/> Identificación con fotografía para todos los adultos del hogar (tarjeta de identificación del DC, licencia de conducir, pasaporte). 	<ul style="list-style-type: none"> <input type="checkbox"/> Comprobante de ingresos de los últimos 30 días (recibos de pago, SSI, SSDI, beneficios de desempleo, jubilación, manutención infantil, TANF). Si tiene \$0 de ingresos, necesitará una declaración de ingresos de \$0 firmada. <input type="checkbox"/> Comprobante de recursos o beneficios (extracto bancario de los últimos 30 días para todas las cuentas, SNAP). 	<ul style="list-style-type: none"> <input type="checkbox"/> Prueba de contrato de alquiler (aviso de aprobación de la nueva unidad). <input type="checkbox"/> Documentación de necesidad de asistencia (verificación de falta de vivienda, aviso de desalojo, vale para la nueva unidad).
<i>*Se pueden solicitar documentos adicionales.*</i>		<i>*Se pueden solicitar documentos adicionales.*</i>

Si está atrasada en el pago del alquiler, enfrenta un posible desalojo o se le ha negado el ERAP, comuníquese con su proveedor de WIS para obtener una referencia a P-LAW si desea hablar con un abogado.



Toda la información proporcionada tiene únicamente fines informativos y educativos, y no constituye asesoramiento legal ni establece ningún tipo de relación abogado-cliente mediante su revisión de esta información. Una relación abogado-cliente solo se forma después de que hayamos celebrado un acuerdo por escrito con usted y que usted haya firmado. Aunque nos esforzamos por proporcionar información general precisa, la información presentada aquí no sustituye ningún tipo de asesoramiento legal y no debe confiar únicamente en esta información. Por favor, comuníquese con un proveedor o miembro del equipo de personal en MWHC para obtener una referencia a P-LAW.



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Since 2021 Launch:



311

WIS patients and
their families served



346

Legal issues
addressed



\$336,419

Secured for WIS patients in the form of
paid leave, housing conditions
improvement, and income supports.



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Breakout Rooms

Use time in your smaller groups to discuss how the MLP approach can be applied to one of the key SDOH risk factors you have identified in your patient population

- o What stage are you in right now in terms of addressing social risk factors (e.g., maternal health population, legal needs)?
- o What next steps do you need to take?
- o How can you integrate MLP into your current workflow?



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Report Out and Share



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Things to Think About for Next Week

- Be ready to discuss the following questions:
 - Watch video: <https://www.youtube.com/watch?v=Y6graY2ES-E&t=23348s>
 - Be ready to discuss the following: Consider how to incorporate the social risk factor data points or metrics into an MLP workflow (or a workflow improvement) to evaluate impact



QUESTIONS?



Sources/Citations

1. Severe housing insecurity during pregnancy: Associated with adverse birth and infant outcomes; Leifheit et. al.; 2020
2. Material hardship and mental health symptoms among a predominantly low-income sample of pregnant women seeking prenatal care; Katz et. al.; 2018
3. Maternal exposure to domestic violence and pregnancy and birth outcomes: a systematic review and meta-analyses; Shah et. al.; 2010



References

- Clark, R.E., Weinreb, L., & Flahive, J.M. (2019, January) Homelessness contributes to pregnancy complications. Health Affairs. <https://doi.org/10.1377/hlthaff.2018.05156>
- Comfort, A. B., Peterson, L. A., & Hatt, L. E. (2013, December). Effect of Health Insurance on the Use and Provision of Maternal Health Services and Maternal and Neonatal Health Outcomes: A Systematic Review. Journal of Health, Population, and Nutrition. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4021700/>
- Friedman, S.H., Kaempf, A. & Kauffman, S. (2020). The Realities of Pregnancy and Mothering While Incarcerated. <https://jaapl.org/content/jaapl/early/2020/05/13/JAAPL.003924-20.full.pdf>
- Hill, L., Artiga, S., & Ranji, U. (2022). Racial disparities in maternal and infant health: Current Status and efforts to address them. KFF. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-maternal-and-infant-health-current-status-and-efforts-to-address-them/>
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- Marple, k. (2015, January). Framing Legal Care as Health Care. National Center for Medical-Legal Partnership. <https://medical-legalpartnership.org/messaging-guide/>
- National Partnership for Women & Families. (2023, September 25) Homelessness Hurts Moms and Babies. <https://nationalpartnership.org/wp-content/uploads/2023/02/homelessness-hurts-moms-and-babies.pdf>
- Patchen, L., Richardson, R., McCullers, A., & Girard, V. (2023). Integrating Lawyers Into Perinatal Care Teams to Address Unmet, Health-Harming Legal Needs. Obstetrics & Gynecology, 142(6), 1310. <https://doi.org/10.1097/AOG.0000000000005417>



Resources

To learn more about topics discussed during this collaborative, please visit the following resources:

Marple, K. (2015). How legal services help the healthcare system address social needs. <https://medical-legalpartnership.org/mlp-resources/messaging-chart/>

Tobin-Tyler, E. (2022). A Grim New Reality — Intimate-Partner Violence after Dobbs and Bruen. *New England Journal of Medicine*, 387(14), 1247–1249. <https://doi.org/10.1056/nejmp2209696>

Tobin-Tyler, E. (2023). Abortion Rights and the Child Welfare System: How Dobbs Exacerbates Existing Racial Inequities and Further Traumatizes Black Families. *Journal of Law, Medicine & Ethics*, 51(3), 575–583. <https://doi.org/10.1017/jme.2023.111>

Tobin-Tyler, E., Gruppuso, P., & Adashi, E. (2023). A Year After Dobbs: Diminishing Access To Obstetric-Gynecologic And Maternal-Fetal Care. *Health Affairs*. <https://doi.org/10.1377/forefront.20230803.340506>

U.S. Department of Housing and Urban Development. (2023). Fact Sheet: 2023 Annual Homelessness Assessment Report Key Findings from the Point-in-Time Counts. https://www.hud.gov/sites/dfiles/PA/documents/Fact_Sheet_Summarized_Findings.pdf

MARK YOUR CALENDAR



Upcoming Training Session Schedule



APRIL 16, 2024

1 p.m. ET

Learning Collaborative Medical-Legal Partnership as a Community Health Strategy to Improve Maternal Health Access & Outcomes:
Session 3: Demonstrating Impact and Leveraging the Role of the Medical-Legal Partnership



APRIL 23, 2024

1 p.m. ET

Learning Collaborative Medical-Legal Partnership as a Community Health Strategy to Improve Maternal Health Access & Outcomes:
Session 4: Office Hours/Q&A



MAY 8, 2024

Noon ET

Webinar
Maternal Health and Essential Community Connections

This webinar is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1,499,661 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).



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SHARE YOUR VOICE

Following this training activity, you will receive a post-training evaluation from HCEA@renayejames.com.

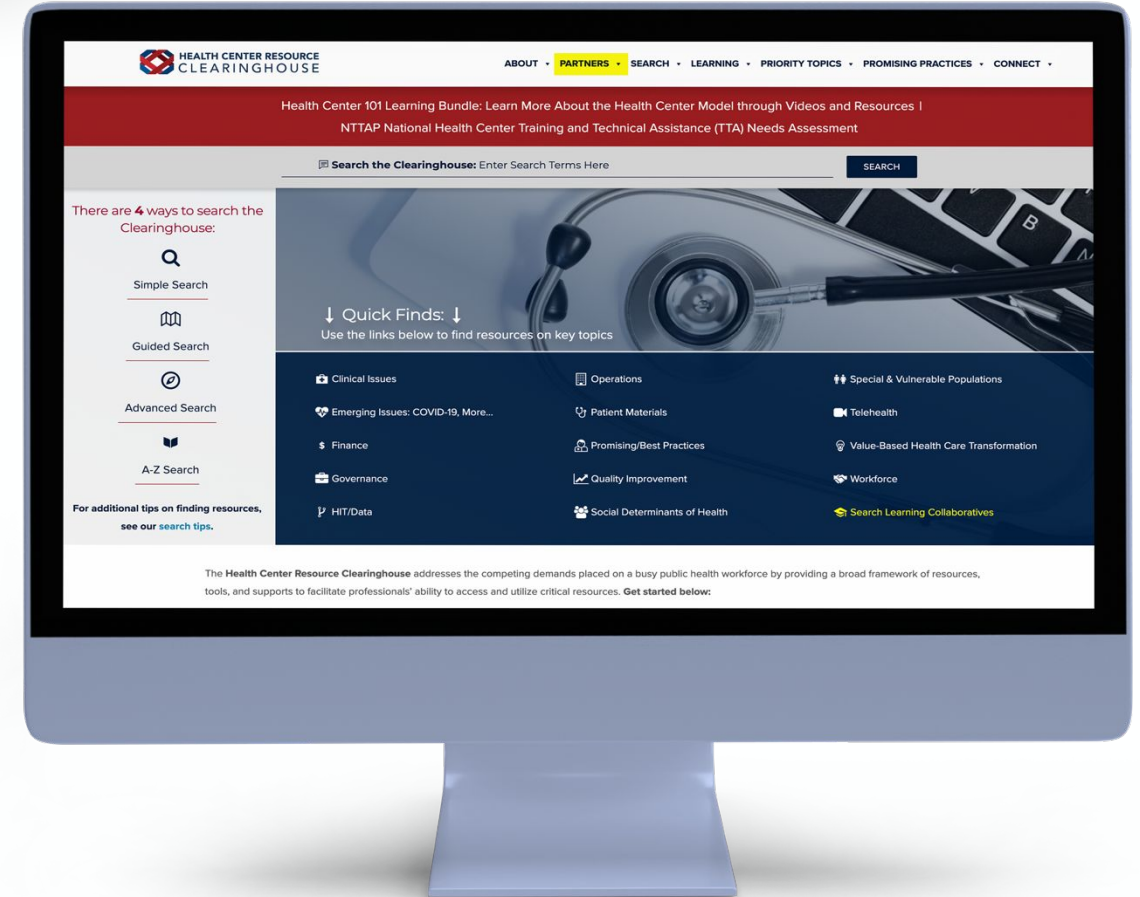
- We welcome your feedback.
- **Please take a few moments to provide your feedback on this training activity.**
- This should take 1 minute or less.



Health Center Resource Clearinghouse

Learn more about Renaye James Healthcare Advisors' expertise and NTTAP trainings at [the Health Center Resource Clearinghouse website, www.healthcenterinfo.org](http://www.healthcenterinfo.org).

Please select **Partners**, then **NTTAPs** in the top menu bar, and click on **Renaye James Healthcare Advisors**, or you can search via the Search menu option.





Understanding the Health Center Capital Needs

Capital Link, a BPHC-funded National Training and Technical Assistance Partner (NTTAP), is currently conducting a National Capital Needs Assessment to document, for HRSA, funders, and other stakeholders, the tremendous need for health center capital funding and identify areas where technical assistance, training, or other resources may be needed.

To be able to accurately report on the needs of all health centers, they need as many responses as possible. Please click here to take your assessment by April 12, 2024: <https://www.surveymonkey.com/r/2024NHCCNA>.

A screenshot of a webpage titled "2024 National Health Center Capital Needs Assessment" by Capital Link. The page features the Capital Link logo at the top left. The main text reads: "Thank you for your participation. Supported by Capital Link's National Training and Technical Assistance Partner (NTTAP) Cooperative Agreement with the Health Resources and Services Administration (HRSA), your responses will be used to inform policymakers, funders, capital sources, and the general public of the priority capital needs of the health center sector. **This information is essential for the development of future capital funding resources for health centers like yours.** (Access our previous report [here](#).)" Below this, it states: "As our thank you for taking the time to fill out this assessment, **all participants will be entered into a prize drawing to win either a free Performance Evaluation Profile report or a free Value & Impact Analysis customized for their health center.** Choose your prize at the end of the assessment."

THANK YOU



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